

# Plumbing Rebate Application

*Please Print*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (home): \_\_\_\_\_ (work): \_\_\_\_\_

Property address (if not the same as above): \_\_\_\_\_

## Free faucet aerators:

(Maximum of two per household. Multifamily housing and businesses please see item 6 on the reverse side)

Number of faucet aerators requested: \_\_\_\_\_

## Brand name and number of device(s) installed:

(Maximum of two per household. Multifamily housing and businesses please see item 4 on the reverse side)

2.75 gpm Showerhead: (brand) \_\_\_\_\_ (# of showerheads) \_\_\_\_\_

1.6 gpf Toilet: (brand) \_\_\_\_\_ (# of toilets) \_\_\_\_\_

Year built or age of building: \_\_\_\_\_

I acknowledge that the devices were purchased after Jan. 1, 1992, and installed at the service address.

\_\_\_\_\_  
Signature of Applicant or Designated Representative

\_\_\_\_\_  
Date

Please return the application to: City of Scottsdale, Plumbing Rebate Program, 9312 N. 94<sup>th</sup> St., Scottsdale, AZ 85258.  
A dated sales receipt for each of the above devices must accompany the completed application.

## FOR OFFICE USE ONLY

Account Number: \_\_\_\_\_ SIC Code: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Rebate Amount: \_\_\_\_\_ Date Credit Entered: \_\_\_\_\_ Initials: \_\_\_\_\_